

UNITED STATES DEPARTMENT OF AGRICULTURE

Farm Service Agency

100 USDA, Suite 102

Stillwater, OK 74074-2653

OK Notice CONOP-70

For: County Offices

**REVISED CCC-1200, CONSERVATION PROGRAMS APPLICATION/CONTRACT
(06/06/2003)**

Approved by: State Executive Director



1 Overview

A Background

The 2002 Farm Bill provisions have lead to the development of a revised CCC-1200 for accepting EQIP applications. The Farm Bill provisions also contained provisions for certification as a Limited Resource Producer or Beginning Farmer which could result in a 90 percent cost share rate for some EQIP practices.

B Purpose

This notice provides the revised CCC-1200, Conservation Program Application/Contract (06/06/2003) for accepting EQIP applications.

2 County Office Action

A Revised CCC-1200, (06/06/2003)

Exhibit 1 provides a blank copy of the revised CCC-1200 (06/06/2003). An RPL copy has been provided under separate cover to be utilized until the revised CCC-1200 is posted on the FSA Intranet Forms Directory. Software is being edited to include the revised CCC-1200. After the software is loaded, CCC-1200 data entered before the software was loaded will automatically print on the revised CCC-1200. The software release with the revised CCC-1200 is anticipated by the first week in July.

Disposal Date:

09-01-03

Distribution:

County Offices

06-10-03

Page 1

2 County Office Action (cont.)

B Utilizing the CCC-1200, (06/06/3003)

Effective upon receipt of this notice, counties shall cease using the previous version of the CCC-1200 dated 06-15-97 and begin accepting EQIP applications on the revised CCC-1200 (06/06/2003).

C Accepting EQIP Applications on the CCC-1200 (06/06/2003)

The revised CCC-1200 contains space for both application and contract signatures. The signature of the applicant and date in block 7 must be completed by the producer applying for EQIP.

All required contract participant signatures in block 10 are intended to be obtained AFTER the contract data on the form has been filled in and must be obtained before the contract is approved by NRCS. It is the responsibility of the local NRCS to ensure all signatures are obtained in block 10 prior to approval of the CCC-1200.

D EQIP Limited Resource Producer and Beginning Farmer Certification

The revised CCC-1200 provides a Limited Resource Producer and Beginning Farmer Certification statements in block 7a. Producers that elect to apply for EQIP as a Beginning or Limited Resource Producer must complete and sign the certification in block 7a. The certification signature in block 7a is in addition to the application signature in block 7.

A Limited Resource Producer or Beginning Farmer criteria assessment tool is available on the internet at <http://www.nrcs.usda.gov/programs/smlfarmer/tool.asp> for producers to determine if they meet the criteria. The tool is available for their use.

Recognizing that all producers do not have access to the internet, county offices may proceed to the Step 3 page of the above internet site, print out an unfilled page, and have photocopies available at the counter for individuals to use. EQIP applicants and those signing contracts in 2003 will self-certify to meeting this criteria on the CCC-1200. FSA will not make these determinations for individuals. Retain a copy of the printout with the individuals CCC-1200. This certification will be acceptable for the life of the contract regardless of a future change in LRF status.

E CCC-1200 Appendix

The CCC-1200 Appendix is currently being revised. A forthcoming notice will transmit the revised appendix. All applicants will be required to sign the revised appendix, regardless of whether they have signed a previous version. A copy of the revised Appendix will be available on the FSA Intranet Forms Directory when finalized.

CCC-1200 (06/06/2003)	U.S. DEPARTMENT OF AGRICULTURE COMMODITY CREDIT CORPORATION		1. State & County Code 2. a. Farm Number(s) b. Tract Number(s) 3. Contract Number 4. Primary Fund Code 5. HUA Number 6. Total Treated Acres	
CONSERVATION PROGRAM APPLICATION/CONTRACT				
THIS is an APPLICATION to participate in the:				
7. PROGRAM (Check One)	a. Agricultural Management Assistance Program (AMA)	b. Conservation Security Program (CSP)	c. Environmental Quality Incentives Program (EQIP)	
On the farm identified above the Applicant agrees to participate in the identified program if the offer is accepted by Commodity Credit Corporation (CCC). The undersigned person shall hereafter be referred to as "the Applicant." The Applicant understands that starting a practice prior to CCC approval causes the practice to be ineligible for program financial assistance and the applicant will obtain the landowners signature on the contract to install structural practices. BY SIGNING THIS APPLICATION, THE APPLICANT ACKNOWLEDGES, RECEIPT OF THE FOLLOWING FORMS: CCC-1200, THE CCC-1200 APPENDIX AND ANY ADDENDA THERETO.				
SIGNATURE OF APPLICANT (signature of individual or authorized representative of entity or joint operation)			DATE	
7a. Limited Resource Producer and -Beginning Farmer Certification				
I _____ certify that I am a: <input type="checkbox"/> LIMITED RESOURCE PRODUCER(EQIP); <input type="checkbox"/> BEGINNING FARMER/RANCHER (EQIP, CSP), as per the following guidelines:				
Limited Resource Farmer or Rancher: A Limited Resource Farmer or Rancher has the following characteristics: (a) A person with direct or indirect gross farm sales not more than \$100,000 in each of the previous two years (to be increased starting in FY 2004 to adjust for inflation using Prices Paid By Farmers Index as compiled by NASS), and (b) Has a total household income at or below the national poverty level for a family of four, or less than 50 percent of county median household income (to be determined annually using Commerce Department Data), in each of the previous two years. An entity or joint operation can be a Limited Resource Producer if all individual members qualify as a Limited Resource Producer.		Beginning Farmer or Rancher: (a) Has not operated a farm or ranch, or who has operated a farm or ranch for not more than 10 consecutive years. This requirement applies to all members of an entity, and (b) Will materially and substantially participate in the operation of the farm or ranch. (i) In the case of a contract with an individual, individually or with the immediate family, material and substantial participation requires that the individual provide substantial day-to-day labor and management of the farm or ranch, consistent with the practices in the county or State where the farm is located. (ii) In the case of a contract made with an entity, all members must materially and substantially participate in the operation of the farm or ranch. Material and substantial participation requires that the members provide some amount of the management, or labor and management necessary for day-to-day activities, such that if the members did not provide these inputs, operation of the farm or ranch would be seriously impaired.		
NOTE: All applicants that certify eligibility as a Limited Resource Farmer or Rancher or Beginner Farmer or Rancher will provide all records necessary to justify their claim as requested by a CCC representative. It is the responsibility of the applicant to provide accurate data. False certifications are subject to criminal and civil fraud statutes.				
Signature			Date	

8. Contract Language

THIS CONTRACT is entered into between the Commodity Credit Corporation (referred to as "CCC") and the undersigned owners, operators, or tenants (referred to as "Owner", "Operator", & "Tenant"; respectively) on the farm identified above. The undersigned person or persons shall hereafter be referred to as "the Participant". The Participant agrees to participate in the program designated in Section 7 from the date the Contract is executed by CCC to the contract expiration date in Section 9. The Participant also agrees to implement the plan of operations developed and approved by the Participant and CCC. Additionally, the Participant and CCC agree to comply with the terms and conditions contained in this Contract, including the appendix to this Contract, entitled "Appendix to Form CCC-1200" for the applicable program (referred to as "Appendix"), and any other addenda thereto. The Participant also agrees to pay such applicable liquidated damages in an amount specified in the Appendix for the applicable program if the Participant cancels the agreement before termination or the CCC terminates the contract.

Continued on next page

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99a. PERFORMANCE /PAYMENT SCHEDULED FOR CONTRACT

[illegible]

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2. FARM & TRACT NUMBER(S), (continued):	
FARM NUMBERS:	
TRACT NUMBERS:	

9b. AGREEMENT PERIOD

Contract Start Date: _____

Contract Expiration Date: _____

NOTE: Contract can expire no earlier than one year after the last scheduled practice is certified completed to standards and specifications.

	TOTAL	20__	20__	20__	20__	20__	20__	20__	20__	20__	20__
Total Obligations (FA):											
Total TSP (TA):											
Total Contract Obligations:											

10. CONTRACT PARTICIPANTS					
NAME, ADDRESS, and PHONE NUMEBR	OW	OP	PAYMENT SHARES (%)	ID NUMBER: 1/ SIGNATURE:	DATE:
NAME, ADDRESS, and PHONE NUMEBR	OW	OP	PAYMENT SHARES (%)	ID NUMBER: 1/ SIGNATURE:	DATE:
NAME, ADDRESS, and PHONE NUMEBR	OW	OP	PAYMENT SHARES (%)	ID NUMBER: 1/ SIGNATURE:	DATE:
11. CCC USE ONLY - Payments according to the shares approved.			SIGNATURE OF CCC REPRESENTATIVE DATE:		

1/ Joint operation ID, if applicable.

Continued on next page

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CONTRACT MODIFICATIONS (+/-)			
AMOUNT.	NRCS INITIAL	DATE	COMMENTS
A.			
B.			
C.			
D.			
E.			
F.			
G.			
H.			
I.			
J.			
K.			
L.			
M.			
O.			
P.			
Q.			
R.			
S.			
T.			
U.			
W.			

PRIVACY ACT

NOTE: The following statement is made in accordance with the Privacy Act of 1974, (5 U.S.C. 552a). The authority for requesting the following information is 7 CFR 1466 (EQIP), 7 CFR 1469 (FPP), 7 CFR 636 (WHIP), and Public Law 106-224, Section 133(b), AMA, and Section 211(b), SWCA. The information will be used to allow a farmer, rancher, or landowner to apply for conservation benefits under the terms and conditions of the contract. Furnishing the required information is necessary to determine properly the eligible land for the applicable program benefits. Failure to furnish the requested information will result in the applicant being unable to apply for or receive benefits under the applicable programs. This information may be provided to other agencies, IRS, Department of Justice, or other State or Federal Law Enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 U.S.C. 286, 287, 371, 641, 651, 1001; 15 U.S.C. 714m; and 31 U.S.C. 3729 may also be applicable to the information provided.

USDA NONDISCRIMINATION STATEMENT

"The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice or TDD). USDA is an equal opportunity provider and employer."

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10. CONTRACT PARTICIPANTS, (continued)

NAME, ADDRESS, and PHONE NUMBER	OW	OP	PAYMENT SHARES (%)	ID NUMBER: 1/ SIGNATURE:	DATE:
NAME, ADDRESS, and PHONE NUMBER	OW	OP	PAYMENT SHARES (%)	ID NUMBER: 1/ SIGNATURE:	DATE:
NAME, ADDRESS, and PHONE NUMBER	OW	OP	PAYMENT SHARES (%)	ID NUMBER: 1/ SIGNATURE:	DATE:
NAME, ADDRESS, and PHONE NUMBER	OW	OP	PAYMENT SHARES (%)	ID NUMBER: 1/ SIGNATURE:	DATE:
NAME, ADDRESS, and PHONE NUMBER	OW	OP	PAYMENT SHARES (%)	ID NUMBER: 1/ SIGNATURE:	DATE:
NAME, ADDRESS, and PHONE NUMBER	OW	OP	PAYMENT SHARES (%)	ID NUMBER: 1/ SIGNATURE:	DATE:
NAME, ADDRESS, and PHONE NUMBER	OW	OP	PAYMENT SHARES (%)	ID NUMBER: 1/ SIGNATURE:	DATE:
NAME, ADDRESS, and PHONE NUMBER	OW	OP	PAYMENT SHARES (%)	ID NUMBER: 1/ SIGNATURE:	DATE:
NAME, ADDRESS, and PHONE NUMBER	OW	OP	PAYMENT SHARES (%)	ID NUMBER: 1/ SIGNATURE:	DATE:
NAME, ADDRESS, and PHONE NUMBER	OW	OP	PAYMENT SHARES (%)	ID NUMBER: 1/ SIGNATURE:	DATE:
NAME, ADDRESS, and PHONE NUMBER	OW	OP	PAYMENT SHARES (%)	ID NUMBER: 1/ SIGNATURE:	DATE:

1/ Joint Operation ID, if applicable.